

County: Sawyer
HAYWARD NURSING HOME
11040 NORTH STATE ROAD 77
HAYWARD 54843

Facility ID: 4050

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Phone:(715) 634-8911
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/02): 76
Total Licensed Bed Capacity (12/31/02): 76
Number of Residents on 12/31/02: 70

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 71

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		34.3
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		42.9
Supp. Home Care-Household Services	No	Developmental Disabilities	1.4	Under 65	7.1	More Than 4 Years		22.9
Day Services	No	Mental Illness (Org./Psy)	18.6	65 - 74	2.9			-----
Respite Care	No	Mental Illness (Other)	1.4	75 - 84	34.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.4	95 & Over	10.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	14.3		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	11.4	65 & Over	92.9	-----		
Transportation	No	Cerebrovascular	4.3		-----	RNs		11.8
Referral Service	Yes	Diabetes	4.3	Sex	%	LPNs		5.3
Other Services	No	Respiratory	2.9	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	40.0	Male	35.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	64.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	274			53	98.1	110	0	0.0	0	11	100.0	123	0	0.0	0	0	0.0	0	69	98.6
Intermediate	---	---	---			1	1.9	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.4
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0				54	100.0		0	0.0		11	100.0		0	0.0		0	0.0		70	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02									

		% Needing							Total		
Percent Admissions from:		Activities of		%		Assistance of		% Totally		Number of	
		Daily Living (ADL)		Independent		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health		8.7	Bathing		0.0	80.0		20.0		70	
Private Home/With Home Health		0.0	Dressing		8.6	74.3		17.1		70	
Other Nursing Homes		8.7	Transferring		27.1	57.1		15.7		70	
Acute Care Hospitals		65.2	Toilet Use		17.1	62.9		20.0		70	
Psych. Hosp.-MR/DD Facilities		0.0	Eating		57.1	38.6		4.3		70	
Rehabilitation Hospitals		7.2	*****								
Other Locations		10.1									
Total Number of Admissions		69	Continence		%	Special Treatments		%			
Percent Discharges To:		Indwelling Or External Catheter		7.1	Receiving Respiratory Care				7.1		
Private Home/No Home Health		24.6	Occ/Freq. Incontinent of Bladder		54.3	Receiving Tracheostomy Care				0.0	
Private Home/With Home Health		17.4	Occ/Freq. Incontinent of Bowel		28.6	Receiving Suctioning				0.0	
Other Nursing Homes		4.3					Receiving Ostomy Care				4.3
Acute Care Hospitals		21.7	Mobility				Receiving Tube Feeding				2.9
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained		1.4	Receiving Mechanically Altered Diets				42.9	
Rehabilitation Hospitals		1.4									
Other Locations		1.4	Skin Care				Other Resident Characteristics				
Deaths		29.0	With Pressure Sores		8.6	Have Advance Directives				98.6	
Total Number of Discharges		With Rashes		4.3	Medications						
(Including Deaths)		69					Receiving Psychoactive Drugs				55.7

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.4	87.4	1.07	85.1	1.10
Current Residents from In-County	90.0	84.3	1.07	76.6	1.17
Admissions from In-County, Still Residing	26.1	15.2	1.72	20.3	1.28
Admissions/Average Daily Census	97.2	213.3	0.46	133.4	0.73
Discharges/Average Daily Census	97.2	214.2	0.45	135.3	0.72
Discharges To Private Residence/Average Daily Census	40.8	112.9	0.36	56.6	0.72
Residents Receiving Skilled Care	98.6	91.1	1.08	86.3	1.14
Residents Aged 65 and Older	92.9	91.8	1.01	87.7	1.06
Title 19 (Medicaid) Funded Residents	77.1	65.1	1.18	67.5	1.14
Private Pay Funded Residents	15.7	22.6	0.70	21.0	0.75
Developmentally Disabled Residents	1.4	1.5	0.98	7.1	0.20
Mentally Ill Residents	20.0	31.3	0.64	33.3	0.60
General Medical Service Residents	40.0	21.8	1.84	20.5	1.95
Impaired ADL (Mean)*	46.9	48.9	0.96	49.3	0.95
Psychological Problems	55.7	51.6	1.08	54.0	1.03
Nursing Care Required (Mean)*	8.8	7.4	1.18	7.2	1.22